



State of Ohio Environmental Protection Agency

US EPA RECORDS CENTER REGION

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329



1008990

George V. Voinovich  
Governor

Donald R. Schregardus  
Director

July 22, 1993

Dupont Toledo Plant  
Attn: Denise Trabbic-Clement  
P.O. Box 953  
Toledo, OH 43697

**RE: EPA ID#: OHD005041843**

**LOCATION of INSTALLATION:** *1930 Tremainsville Rd  
Toledo, OH 43613*

In response to your request of April 1993 the following information has been updated:

*Replaced waste codes back to the Notification record: D002, D003, D004, D005, D006,  
D007, D018, D035, D038, F003, F005, U009, U188, U196*

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V  
Ohio EPA District Office



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329

George V. Voinovich  
Governor

Donald R. Schregardus  
Director

March 23, 1993

APR 08 1993

Dupont Toledo Plant  
Attn: Denise Trabbic-Clement  
P.O. Box 953  
Toledo, OH 43697

RECEIVED  
MAY 11 1993  
REGIONAL CENTER

RE: EPA ID#: ~~C000000000~~

LOCATION of INSTALLATION: 1930 Tremainsville Rd  
Toledo, OH 43613

In response to your request of February 1993 the following information has been updated:

Contact: Denise Trabbic-Clement (419)470-1870

Added waste code: D028

Deleted waste codes: D002, D003, D004, D005, D006, D007, D018, D035, D038, F003,  
F005, U009, U188, U196

Your status as a TSD will remain until the final letter regarding closure is sent.

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V  
Ohio EPA District Office





1  
UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

DUPONT TOLEDO APD  
ATTN ANTHONY PARCHOMENKO  
1930 TREMAINSVILLE RD  
TOLEDO, OH 43613

OCT 17 1991

RE: EPA ID #: OHD005041843

In response to your request of 10-29-90 the following  
information has been updated:

*Sharon Kiddon*  
Name of Installation to  
Installation contact to  
Installation legal owner  
Addition of waste code

DUPONT TOLEOD APD  
ANTHONY PARCHOMENKO  
E.I DU PONT DE NEMOURS AND CO  
D004, D005, D018, D006, F003  
F005, U009, U188, U196, D007,  
D026, D008, D009, D035 AND D038  
BURNER/BLENDER - INDUSTRIAL

Hazardous waste activity

BOILER

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

*Sharon Kiddon*  
Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY

REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

FEB 4 1982

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Mr. Jerome W. Shemechko  
DuPont De Nemours & Co.  
1930 Tremainsville Road  
Toledo, OH 43613

RE: Interim Status Acknowledgement USEPA ID No. OHD005041843  
FACILITY NAME: DuPont De Nemours & Co.

Dear Mr. Shemechko:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

## FACILITY NAME

DU PONT E I DE NEMOURS &amp; CO

## EPA ID NUMBER

OHD005041843

## FACILITY OPERATOR

DU PONT E I DE NEMOURS &amp; CO INC

## FACILITY OWNER

DU PONT E I DE NEMOURS &amp; CO INC

## FACILITY LOCATION

1930 TREMAINSVILLE ROAD  
TOLEDO

OH 43513

## PROCESS CODE

## DESIGN CAPACITY

## UNIT OF MEASURE

S01

250000.00000

G

S02

30000.00000

G

## \*\*\*\*\*KEY\*\*\*\*\*

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
STORAGE:				
CONTAINER	S01	G OR L	* GALLONS	G
TANK	S02	G OR L	* LITERS	L
WASTE PILE	S03	Y OR C	* CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G OR L	* CUBIC METERS	C
DISPOSAL:			* GALLONS PER DAY	U
			* LITERS PER DAY	V
			* TONS PER HOUR	D
			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification.. of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

NOV 01 1990

U. S. EPA, REGION V  
CMB RMS**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

OH D0005041843

**II. Name of Installation (Include company and specific site name)**

DUPONT TOLEDO APD

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

1930 TREMAINSVILLE Rd.

Street (continued)

City or Town

TOLEDO

State

ZIP Code

OH 43613 -

County Code

County Name

48

LUCAS

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

SAME

City or Town

State

ZIP Code

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last)

PARCHOMENKO

(first)

ANTHONY

Job Title

ENVIRO. COORD. TR

Phone Number (area code and number)

419-478-1211

**VI. Installation Contact Address (See Instructions)**A. Contact Address  
Location Mailing☒☐

B. Street or P.O. Box

City or Town

State

ZIP Code

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner

E. I. du PONT DE NEMOURS AND CO.

Street, P.O. Box, or Route Number

1007 MARKET ST.

City or Town

State

ZIP Code

WILMINGTON

DE 19898 -

Phone Number (area code and number)

302-774-1000

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

No

☒

(Date Changed)

Month

Day

Year

OCT 2 1991



- 2 -





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD005041843

REACKNOWLEDGEMENT

DU PONT E I DE NEMOURS & CO  
1930 TREMAINSVILLE ROAD  
TOLEDO

OH 43613

INSTALLATION ADDRESS

1930 TREMAINSVILLE ROAD  
TOLEDO

OH 43513







W	0	H	D	0	0	5	0	4	1	8	3	2	1
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## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8 23 - 26	14 K 0 7 9 23 - 26	15 K 0 8 2 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. (See attached sheet)

31 P 1 0 0 23 - 26	32 U 0 0 2 23 - 26	33 U 0 0 7 23 - 26	34 U 0 0 8 23 - 26	35 U 0 0 9 23 - 26	36 U 0 1 3 23 - 26
37 U 0 2 8 23 - 26	38 U 0 3 1 23 - 26	39 U 0 5 7 23 - 26	40 U 0 6 9 23 - 26	41 U 1 0 2 23 - 26	42 U 1 0 7 23 - 26
43 U 1 0 8 23 - 26	44 U 1 1 2 23 - 26	45 U 1 1 3 23 - 26	46 U 1 2 2 23 - 26	47 U 1 2 3 23 - 26	48 U 1 4 0 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

R. H. Clark / JRL

NAME &amp; OFFICIAL TITLE (type or print)

RICHARD H. CLARK  
PLANT MANAGER

DATE SIGNED







9	W	0	H	D	0	0	5	0	4	1	8	4	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 5 4	U 1 5 9	U 1 6 1	U 1 6 2	U 1 9 0	U 1 9 7
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 2 0	U 2 3 9				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
R. H. Clark /sel	RICHARD H. CLARK PLANT MANAGER	

EPA Form 8700-12 (6-80) REVERSE

E. I. Du Pont de Nemours & Company  
1930 Tremainsville Road  
Toledo, Ohio 43613

AUG 14 1980

AUG 14 1980





State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329

George V. Voinovich  
Governor

Donald R. Schregardus  
Director

March 5, 1992

Dupont Toledo Plant  
Attn: Robert Yager  
P.O. Box 953  
Toledo, OH 43697

RE: EPA ID#: OHD005041843

In response to your request of February 1992 the  
following information has been updated:

Mailing Address: (same as above)

Contact: Robert Yager (419)470-1738

Activity: hazardous waste fuel - other marketers added  
deleted as a hazardous waste fuel burner

Deleted waste codes: D008, D009, U002, U007, U008, U028, U031, U057,  
U069, U102, U107, U108, U112, U113, U122, U123,  
U140, U154, U159, U161, U162, U190, U197, U220,  
U239.

If you have any questions, please contact Beth Harris at  
(614)644-2977.

Sincerely,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Hazardous Waste Management

TEC/bah

cc: U.S. EPA, Region V





<b>FORM 1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		<b>EPA I.D. NUMBER</b> FOHD005041843	
<b>LABEL ITEMS</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>III. FACILITY NAME</b>					
<b>V. FACILITY MAILING ADDRESS</b>					
<b>VI. FACILITY LOCATION</b>					

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	E. I. du PONT DENEMOURS & CO. INC.
---	------	------------------------------------

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>	
2	PARCHOMENKO, ANTHONY, SR. ENGR.	419	478 1211

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>		<b>B. CITY OR TOWN</b>	<b>C. STATE</b>	<b>D. ZIP CODE</b>
3	1930 TREMAINSVILLE ROAD	TOLEDO	OH	43613

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>					
5	1930 TREMAINSVILLE ROAD				
<b>B. COUNTY NAME</b>					
LUCAS					
<b>C. CITY OR TOWN</b>					
6	TOLEDO				
<b>D. STATE</b>					
OH					
<b>E. ZIP CODE</b>					
43613					
<b>F. COUNTY CODE (if known)</b>					



II. SIC CODES (4-digit, in order of priority)

A. FIRST

7 2851 (specify)

PAINT &amp; ALLIED PRODUCTS

B. SECOND

7 (specify)

N/A

C. THIRD

7 (specify)

N/A

D. FOURTH

7 (specify)

N/A

## VIII. OPERATOR INFORMATION

A. NAME

E. I. du PONT DE NEMOURS &amp; CO. INC.

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F - FEDERAL  
S - STATE  
P - PRIVATEM - PUBLIC (other than federal or state)  
O - OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

A 302 774 1000

E. STREET OR P.O. BOX

1007 MARKET STREET

F. CITY OR TOWN

WILMINGTON

G. STATE

DE

H. ZIP CODE

19898

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

9 N 21 F 00016 \* DD

D. PSD (Air Emissions from Proposed Sources)

9 P N/A

B. UIC (Underground Injection of Fluids)

9 U N/A

E. OTHER (specify)

9 SEE ATTACHED

C. RCRA (Hazardous Wastes)

9 R OHD 005041843

E. OTHER (specify)

9 03-48-0195

(specify) OHIO HAZ. WASTE FACILITY INSTALLATION AND OPERATING PERMIT.

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

PRODUCTION OF PAINTS, RESINS, AND ASSOCIATED SURFACE COATING MATERIALS.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

SAMUEL J. BRIGHT, PLT. MGR.

B. SIGNATURE

SJB

C. DATE SIGNED

8/10/89

PER 40 CFR 270.11a

COMMENTS FOR OFFICIAL USE ONLY

C



ADDITIONAL INFORMATION  
FORM 1, Sec X (EPA FORM 3510-1)

E.I. Du Pont de Nemours & Co. Inc.  
1930 Tremainsville Road  
Toledo, Ohio 43613

Other Existing Environmental Permits.

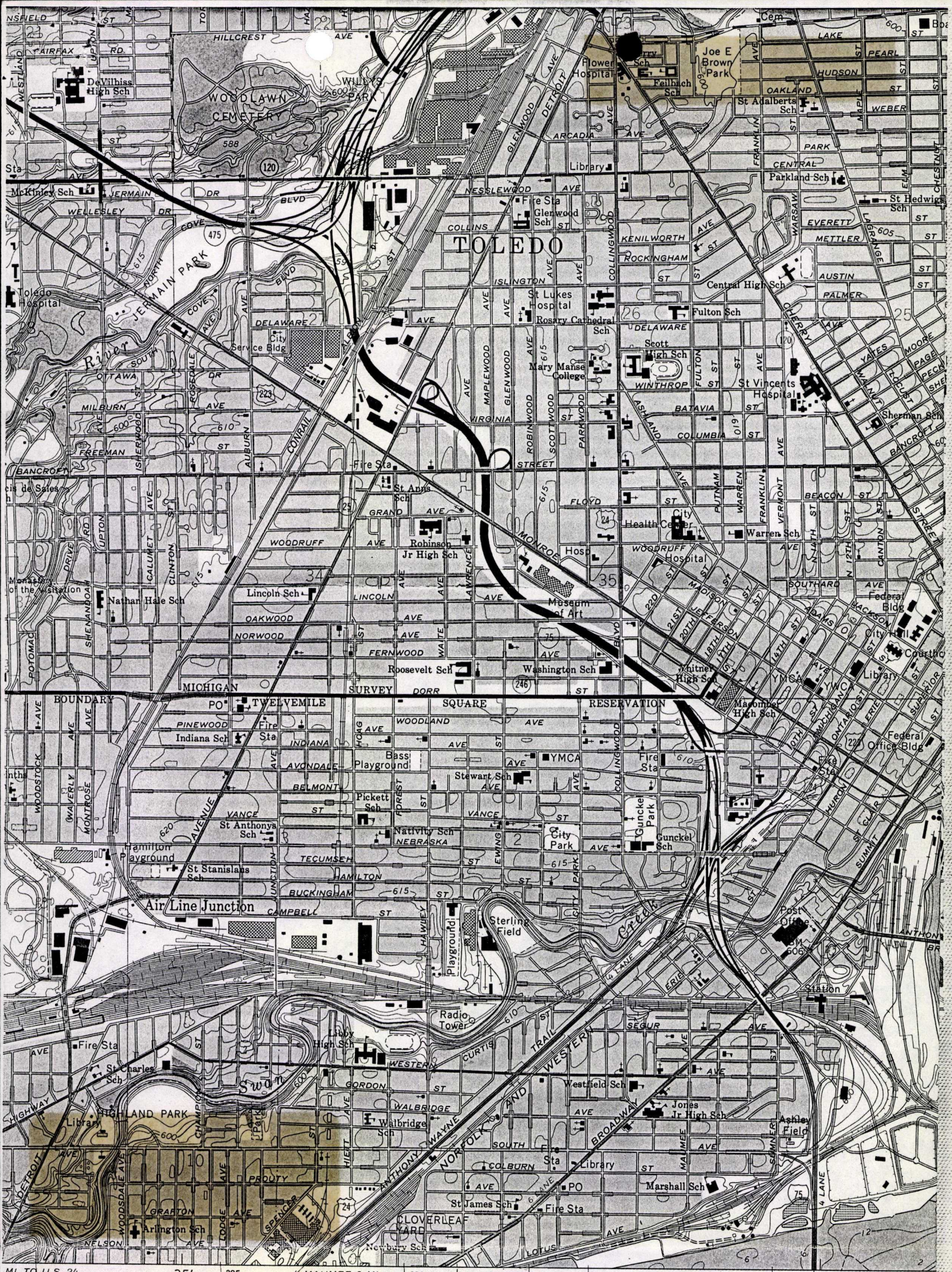
City of Toledo Air Emission Permits:

Nos.	0448010058B003
	0448010058B004
	0448010058B005
	0448010058P001
	0448010058P002
	0448010058P003
	0448010058P004
	0448010058P005
	0448010058P006
	0448010058P007
	0448010058R001

City of Toledo POTW Discharge Permit:

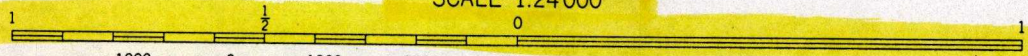
No.	049-87-A
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MI. TO U.S. 24 35' 285 MAUMEE 6 MI. NAPOLEON 36 MI. (ROSSFORD) 4267 II SE 287 0.3 MI. TO OHIO 65 32' 30" FINDLAY 43 MI.

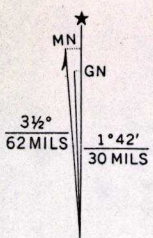
SCALE 1:24 000



CONTOUR INTERVAL 5 FEET

NATIONAL GEODETIC VERTICAL DATUM OF 1929

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS LOW WATER 568.6 FEET



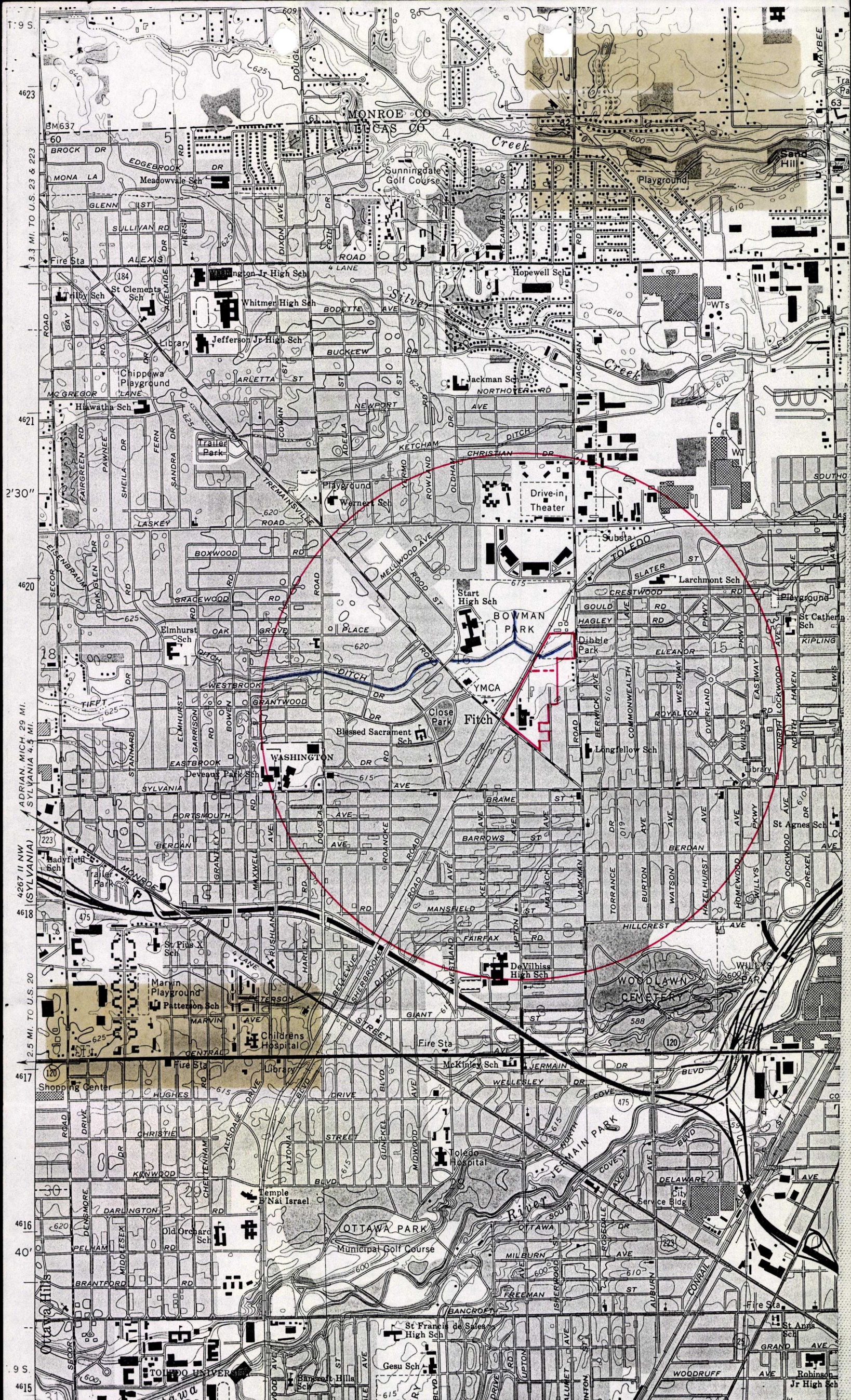
TM GRID AND 1980 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Revisions shown in purple.  
Ohio agencies from aerial  
source data. This inform

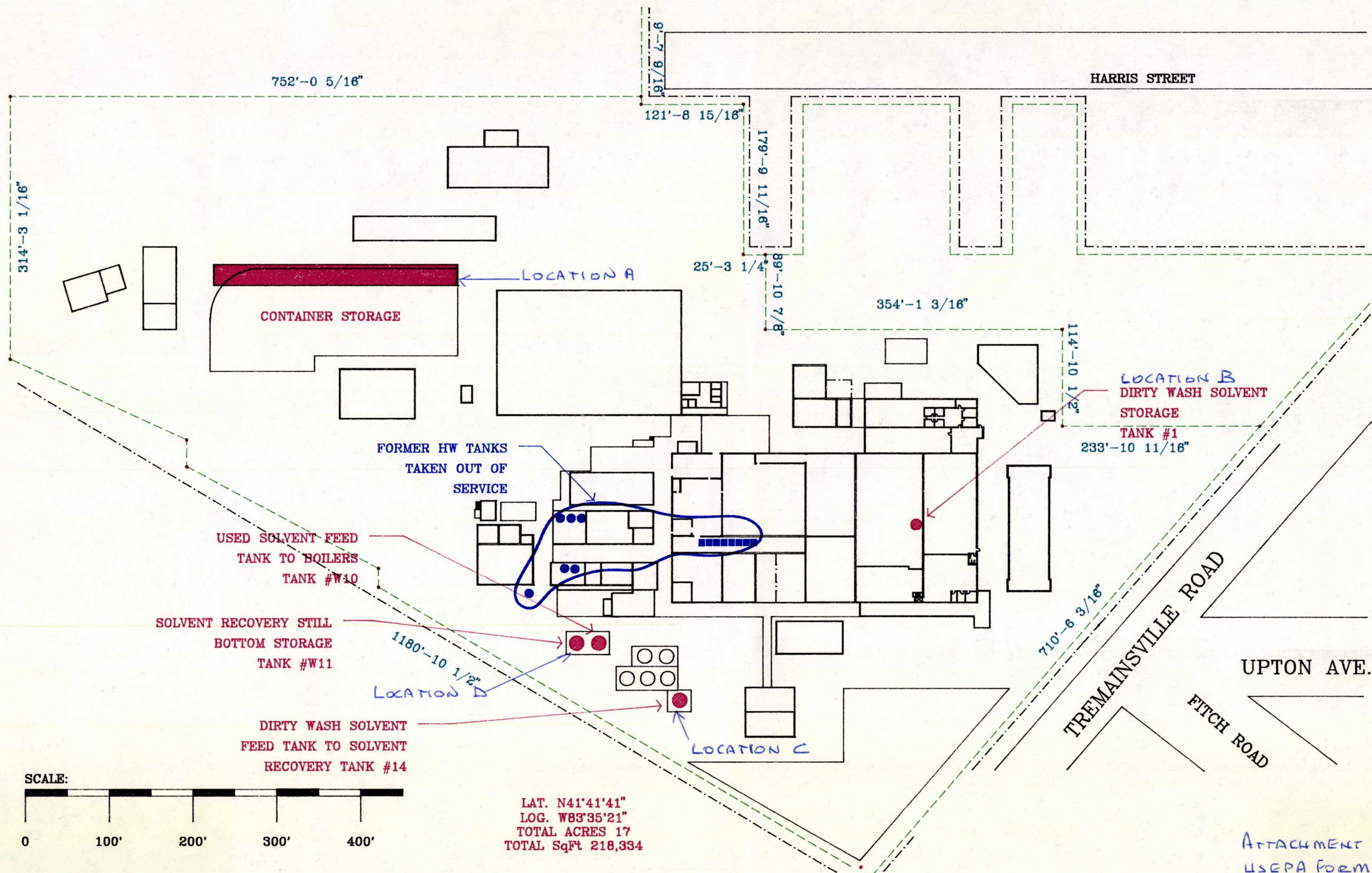
QUADF







DHD 05041842  
E.I. DuPont de Nemours & Co. Inc.  
1930 TREMAINSVILLE RD.  
TOLEDO, OHIO 43613



ATTACHMENT #3 PER  
USEPA FORM 1, SEC XI



FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER FOHDO005041843
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## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
13	14 15 16 17 18 19

COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☒ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	93,500	G		7				
2	S02	40,600	G		8				
3					9				
4					10				



## III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

LINE 1, P-1 - CONTAINER STORAGE INCLUDES PORTABLE TANKS  
OF UP TO 550 GALS CAPACITY.

## IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

D. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

## 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. /Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W 040005041843										W DUP									
T/A C 1										T/A C 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (If a code is not entered in D(1))									
1	D001	500	P	501															
2	D002	500	P	501															
3	D003	3000	P	501															
4	D002	7500	P	501															
5	F003												INCLUDED w/ABOVE						
6	F005												INCLUDED w/ABOVE						
7	F003	3,000,000	P	501	502														
8	F005												INCLUDED w/ABOVE						
9	D005	15000	P	501															
10	D006												INCLUDED w/ABOVE						
11	D007												INCLUDED w/ABOVE						
12	D008												INCLUDED w/ABOVE						
13	D009												INCLUDED w/ABOVE						
14	D007	2,200,200	P	501	502														
15	D008												INCLUDED w/ABOVE						
16	D009												INCLUDED w/ABOVE						
17	F003												INCLUDED w/ABOVE						
18	F005												INCLUDED w/ABOVE						
19	U009	250	P	501															
20	D008	500,000	P	501	502														
21	D009												INCLUDED w/ABOVE						
22	F003												INCLUDED w/ABOVE						
23	F005												INCLUDED w/ABOVE						
24	U197	9200	P	501															
25	D001												INCLUDED w/ABOVE						
26																			



- REVISION -

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

0	H	D	0	5	0	4	1	8	4	3	1	6
---	---	---	---	---	---	---	---	---	---	---	---	---

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	1	4	1	4	1
---	---	---	---	---	---

LONGITUDE (degrees, minutes, &amp; seconds)

8	3	3	5	2	1
---	---	---	---	---	---

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

SAMUEL J. BRIGHT, PLT. MNGR.  
PER 40 CFR 270.11a

B. SIGNATURE



C. DATE SIGNED

8/10/89

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



REVISED OHIO PART "A" APPLICATION

E. I. DU PONT DE NEMOURS & CO. INC.

APD DEPARTMENT PLANT - TOLEDO, OHIO

USEPA ID NO. OHX 0050 41843

OHIO HWFIOP NO. 03-48-0195



LOCATION A - CONTAINER STORAGE

REVISED OHIO PART "A" APPLICATION

E.I.-DU PONT DE NEMOURS + Co. INC.

APD DEPARTMENT PLANT- Toledo, OHIO

USEPA ID NO. OHD 005041843

OHIO HWFIDP NO. 03-48-0195



LOCATION B - TANK #1



REVISED OHIO PART "A" APPLICATION

E.I. DUPONT DE NEMOURS & CO. INC.

APD DEPARTMENT PLANT - TOLEDO, OHIO

USEPA ID NO. OHD 005041843

OHIO HWFIDP NO. 03-48-0195



LOCATION C - TANK # 14



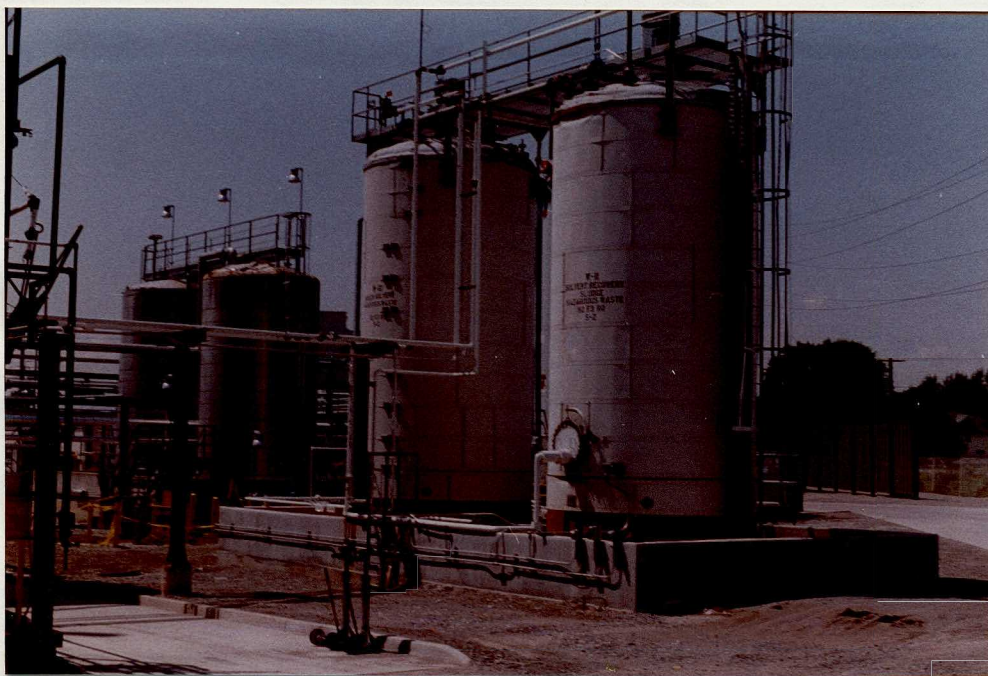
REVISED OHIO PART "A" APPLICATION

E.I. DU PONT DE NEMOURS & CO. INC.

APD DEPARTMENT PLANT - TOLEDO, OHIO

USEPA ID NO. OHD 005041843

OHIO HWF1OP NO. 03-48-0195



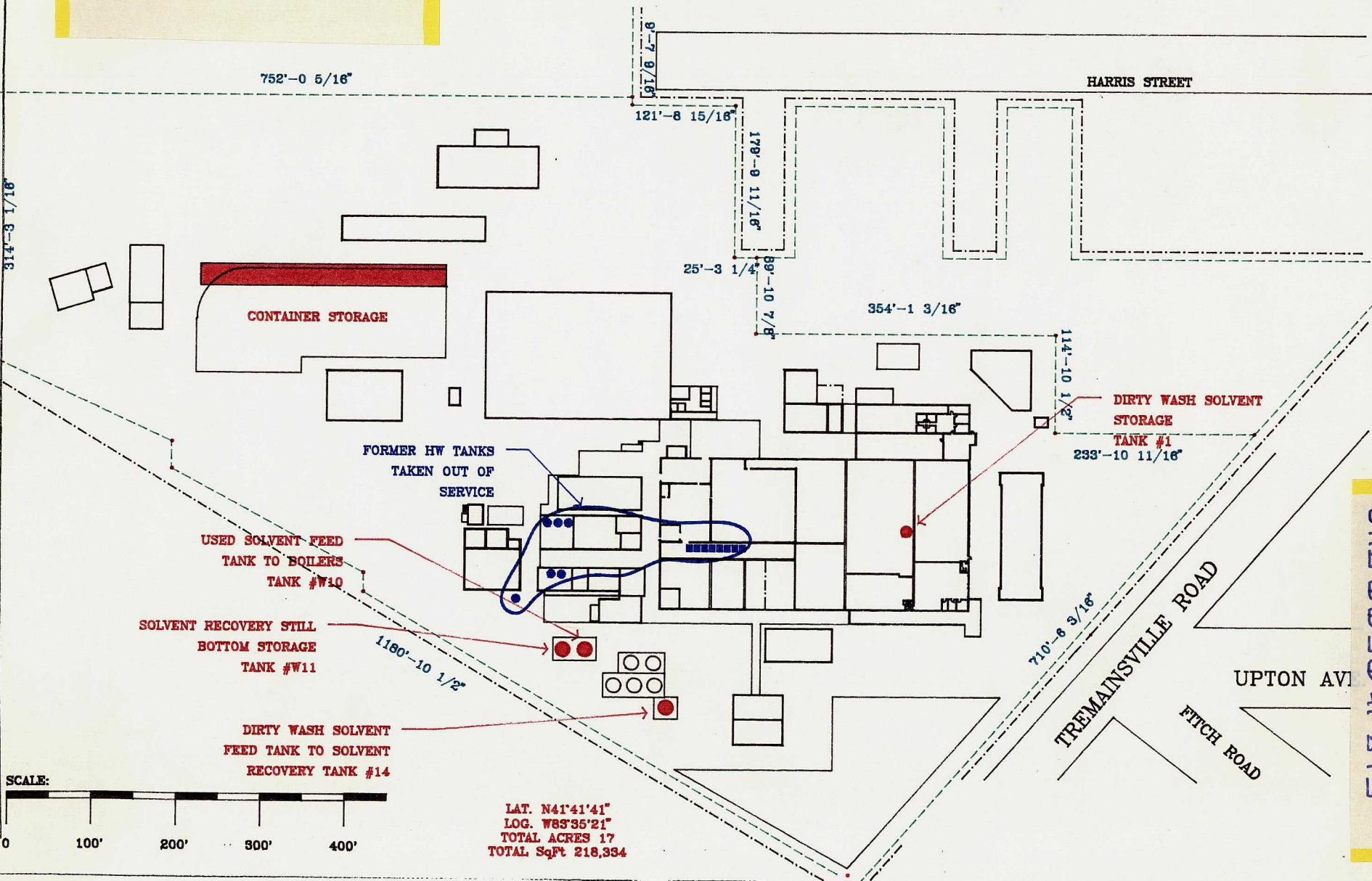
LOCATION D TANKS W-10 & W-11



040005041843

E.I. du Pont de Nemours  
1930 TREMAINSVILLE RD.  
TOLEDO, OHIO 43613

PAGE 5 OF 5







UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA Activities

FEB 26 1982

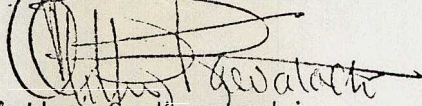
Alchem-Tron Inc.  
Inderjit S. Soni  
2516 Train Avenue  
Cleveland, OH 44113

RE: Hazardous Waste Permit Application-Incomplete Part A  
Facility Name (and EPA ID number) (OHT400011847)  
Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items marked with an "X". Please return the form in time to reach this office by March 26, 1982. The form must be signed by the appropriate certifying official (Item XIII on Form 1 or Item IX and X on Form 3) or his duly authorized representative. All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility meets the requirements for interim status.

Please feel free to contact David Homer, the reviewer of your application, at (312) 353-2197 or me at (312) 886-7449 if you have any questions or wish to discuss the missing items on the checklist.

Sincerely yours,

  
Arthur S. Kawatachi  
Regional Project Officer

Enclosure



COMMENTS

42

FOR NEW FACILITIES  
PROVIDE THE DATE  
(yr., mo., & day) OF  
CONSTRUCTION BEGAN OR  
EXPECTED TO BE

☐ 3. FACILITY HAS A RCRA PERMIT

2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C			DUP			T/A C 31																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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NOV 19 1980



N/A

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
POUNDS.....P  
TONS.....T

**METRIC UNIT OF MEASURE**      **CODE**  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)		D. PROCESSES									
								1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
-1	K	0	5	4	900		P	T	0	3	D	8	0				
-2	D	0	0	2	400		P	T	0	3	D	8	0				
-3	D	0	0	1	100		P	T	0	3	D	8	0				
	D	0	0	2													included with above





## GENERAL INFORMATION

Consolidated Permit Program  
Read the "General Instructions" before starting.

I. EPA I.D. NUMBER

F 0 H D 0 0 5 0 4 1 8 4 3

GENERAL

## LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

## GENERAL INSTRUCTIONS

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the Instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

## SPECIFIC QUESTIONS

MARK 'X'

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

YES NO FORM ATTACHED  
15 16 17

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

YES NO FORM ATTACHED  
18 19 20

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

YES NO FORM ATTACHED  
21 22 23

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

YES NO FORM ATTACHED  
24 25 26

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
27 28 29

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

YES NO FORM ATTACHED  
30 31 32

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

YES NO FORM ATTACHED  
33 34 35

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

YES NO FORM ATTACHED  
36 37 38

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

YES NO FORM ATTACHED  
39 40 41

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
42 43 44

## III. NAME OF FACILITY

1 SKIP D U P O N T / D E N E M O U R S &amp; C O M P A N Y I N C

## IV. FACILITY CONTACT

## A. NAME &amp; TITLE (last, first, &amp; title)

## B. PHONE (area code &amp; no.)

2 S H E M E C H K O J E R O M E W S E R V I C E S U P 4 1 9 4 7 8 1 2 1 1

## V. FACILITY MAILING ADDRESS

## A. STREET OR P.O. BOX

3 1 9 3 0 T R E M A I N S V I L L E R O A D

## B. CITY OR TOWN

## C. STATE

## D. ZIP CODE

4 T O L E D O

O H

4 3 6 1 3

## VI. FACILITY LOCATION

## A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1 9 3 0 T R E M A I N S V I L L E R O A D

## B. COUNTY NAME

L U C A S

## C. CITY OR TOWN

## D. STATE

## E. ZIP CODE

## F. COUNTY CODE (if known)

6 T O L E D O

O H

4 3 6 1 3

0 9 5

NOV 19 198



A. FIRST										B. SECOND									
7 2 8 5 1 (specify)										7 (specify)									
PAINT AND ALLIED PRODUCTS										N/A									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									
N/A										N/A									
VIII. OPERATOR INFORMATION																			
A. NAME																			
8 E I D U P O N T D E N E M O U R S & C O M P A N Y , I N C																		B. Is the name listed Item VIII-A also owner?	
																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)									
p (specify)										D. PHONE (area code & no.)									
										3 0 2 7 7 4 3 8 9 1									
E. STREET OR P.O. BOX																			
1 0 0 7 M A R K E T S T R E E T																			
F. CITY OR TOWN																			
B W I L M I N G T O N																			
G. STATE										H. ZIP CODE									
D E										1 9 8 9 8									
IX. INDIAN LAND																			
Is the facility located on Indian lands?																			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
X. EXISTING ENVIRONMENTAL PERMITS																			
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N F 2 1 6 * B X										9 P N R									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U N A										9 SEE ATTACHMENT (specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R N A										9 (specify)									
XI. MAP																			
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																			
F9: A/50																			
XII. NATURE OF BUSINESS (provide a brief description)																			
*PRODUCTION OF PAINTS, RESIN, AND ASSOCIATED SURFACE COATING MATERIALS.																			
F9: A/51																			
XIII. CERTIFICATION (see instructions)																			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																			
NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE									
W. A. Bours III Vice President - Fabrics & Finishes										William A. Bours									
C. DATE SIGNED																			
11/18/80																			
COMMENTS FOR OFFICIAL USE ONLY																			



EPA I.D. NUMBER (enter from page 1):

FOR OFFICIAL USE ONLY

W O H D 0 0 5 0 4 1 8 4 3 3 1 1

W

DUP

T/A C

3 2

DUP

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 7 3	1,000,000 99999999	P	S 0 1 S 0 2	
2	F 0 0 3	1,240,000 99999999	P	S 0 1	
2	F 0 0 5				Included with the above
4	U 1 2 2	20,000 000	P	S 0 1	
5	D 0 0 1	4,000,000 99999999	P	S 0 1	
5	D 0 0 7				
5	D 0 0 8				Included with the above
8	D 0 0 2	2,500 000	P	S 0 1	
9	D 0 0 3	60,000 000	P	S 0 1	
10	D 0 0 1				Included with the above
11					
12					
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26					



# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

N/A

EPA I.D. NO. (enter from page 1)

F	C	H	D	0	0	5	0	4	1	8	4	3	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 4/55

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	4	1	0	4	1
---	---	---	---	---	---	---

LONGITUDE (degrees, minutes, & seconds)

0	8	3	3	5	0	2	1	0
---	---	---	---	---	---	---	---	---

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. A. Bours III  
Vice President-Fabrics & Finishes

B. SIGNATURE

William A. Bours III

C. DATE SIGNED

11/18/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

N/A

B. SIGNATURE

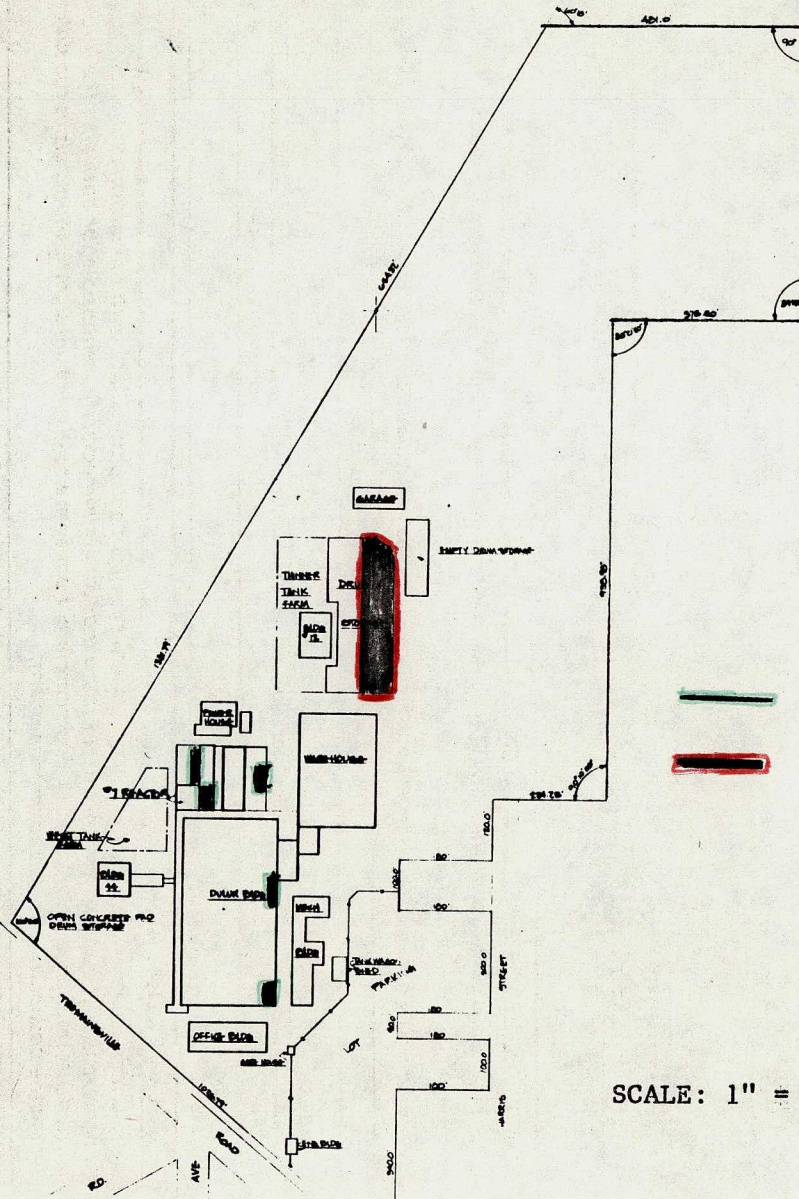
C. DATE SIGNED



ANALYZE FOR SAFETY, ECOLOGY, AND MINIMUM ESSENTIAL DESIGN

E. I. DU PONT DE NEMOURS & CO. INC.  
1930 TREMAINSVILLE ROAD  
TOLEDO, OHIO 43613

OHD005041843



TANK STORAGE



DRUM STORAGE

FRONT - 100 WIDE X 180  
BACK - 120 WIDE X 130

SCALE: 1" = 353' (approx.)

BV/F	BLDG.	PROJ.	DA	TYPE

421



ADDITIONAL INFORMATION  
FORM 1 (EPA FORM 3510-1)

E. I. Du Pont de Nemours & Company, Inc. E.P.A. I.D. Number OHD005041843  
1930 Tremainsville Road  
Toledo, Ohio 43613

Additional information is provided for Section:

X Existing Environmental Permits

City of Toledo, Ohio Air emission permits

Nos.	<u>0448010058P002</u>
	<u>0448010058P003</u>
	<u>0448010058P004</u>
	<u>04-122</u>
	<u>0448010058P001</u>
	<u>0448010058R001</u>



# PART A AMENDMENTS

Fac. Name Dupont & I. De Nemours

I.D. # 8AD-105-041-843

## Application

Date  
Received

Date of  
ADP Input

Filed (check)

11-19-80

\_\_\_\_\_

☒

## Amendments

Date  
Received

Date of Tech  
Staff Approval (if  
necessary)

Date of  
ADP Input

Filed (check)

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N/A

EPA I.D. NO. (enter from page 1)

F	C	H	D	0	0	5	0	4	1	8	4	3	3	6
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## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 455

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A  
56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	1	4	1	0	4	1
---	---	---	---	---	---	---

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	3	3	5	0	2	1
---	---	---	---	---	---	---	---

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

W. A. Bours III  
Vice President-Fabrics & Finishes

*William A. Bours III*

11/18/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

N/A



W O H D 0 0 5 0 4 1 8 4 3 3

W DUP

T/A C  
3 2 DUP

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W N Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	K 0 7 3	1,000,000 999999999	P	S 0 1	S 0 2										
2	F 0 0 3	1,240,000 999999999	R	S 0 1											
3	F 0 0 5												Included with the above		
4	U 1 2 2	20,000 000	P	S 0 1											
5	D 0 0 1	4,000,000 999999999	R	S 0 1											
6	D 0 0 7														
7	D 0 0 8												Included with the above		
8	D 0 0 2	2,500 000	P	S 0 1											
9	D 0 0 3	60,000 000	P	S 0 1											
10	D 0 0 1												Included with the above		
11															
12															
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23															
24															
25															
26															





U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERAL INFORMATION  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER  
F 0 H D 0 0 5 0 4 1 8 4 3

L. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any of the questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) <u>NO</u> <u>E I</u>		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1. SKIP D U P O N T / D E N E M O U R S & C O M P A N Y I N C

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2. S H E M E C H K O J E R O M E W S E R V I C E S U P

B. PHONE (area code & no.)

4 1 9 4 7 8 1 2 1 1

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3. 1 9 3 0 T R E M A I N S V I L L E R O A D

B. CITY OR TOWN

4. T O L E D O

C. STATE

O H

D. ZIP CODE

4 3 6 1 3

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5. 1 9 3 0 T R E M A I N S V I L L E R O A D

B. COUNTY NAME

U C A S

C. CITY OR TOWN

T O L E D O

D. STATE

O H

E. ZIP CODE

4 3 6 1 3

F. COUNTY CODE (if known)

0 9 5

NOV 1979



A. FIRST 7 2 8 5 1 (specify) PAINT AND ALLIED PRODUCTS										B. SECOND 7 (specify) N/A																			
C. THIRD 7 (specify) N/A										D. FOURTH 7 (specify) N/A																			
VIII. OPERATOR INFORMATION																													
A. NAME E I DU PONT DE NEMOURS & COMPANY, INC																		B. Is the name listed Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) p (specify)										D. PHONE (area code & no.) 3 0 2 7 7 4 3 8 9 1																			
E. STREET OR P.O. BOX 1 0 0 7 MARKET STREET																													
F. CITY OR TOWN W I L M I N G T O N										G. STATE D E		H. ZIP CODE 1 9 8 9 8		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
X. EXISTING ENVIRONMENTAL PERMITS																													
A. NPDES (Discharges to Surface Water) N F 2 1 6 * B. X										D. PSD (Air Emissions from Proposed Sources) N A																			
B. UIC (Underground Injection of Fluids) U N A										E. OTHER (specify) SEE ATTACHMENT																			
C. RCRA (Hazardous Wastes) R N A										E. OTHER (specify)																			
MAP																													
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																													
L. NATURE OF BUSINESS (provide a brief description) F9: A 51 "PRODUCTION OF PAINTS, RESIN, AND ASSOCIATED SURFACE COATING MATERIALS."																													
I. CERTIFICATION (see instructions) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																													
NAME & OFFICIAL TITLE (type or print) W. A. Bours III Vice President - Fabrics & Finishes										B. SIGNATURE William A. Bours										C. DATE SIGNED 11/18/80									
COMMENTS FOR OFFICIAL USE ONLY																													

Form 3510-1 (6-80) REVERSE



## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

421

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITY PROVIDE THE DATE (yr., mo., & day) OF OPERATION BEGAN OR EXPECTED TO BE

## B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS
TANK	502	GALLONS OR LITERS
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
	T04	GALLONS PER HOUR OR LITERS PER HOUR
		GALLONS PER DAY OR LITERS PER DAY
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		DUP		31	
13		14		15	
LINE NUMBER		A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY	
		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)	
FOR OFFICIAL USE ONLY					
LINE NUMBER		A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY	
		1. AMOUNT		2. UNIT OF MEASURE (enter code)	
FOR OFFICIAL USE ONLY					
X-1	S 0 2	600	G	5	
X-2	T 0 3	20	E	6	
1	S 0 1	250,000 000	G	7	
2	S 0 2	30,000 000	G	8	
3				9	
4				10	

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N/A

# DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

- PROCESS CODES:**  
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.  
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.  
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
	D 0 0 2				included with above







